

Georgia Coalition Against Domestic Violence Volunteer Application



Contact Information

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	
E-Mail address			

Availability

Anticipated start date _____ Please specify which hours and days you are available. (Check all that apply.)

Weekday mornings _____ Weekday afternoons _____ Both _____ Unsure _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Unsure _____

Number of hours per week desired _____

Interests

Please specify your areas of interest for your volunteerism. (Check all that apply.)

_____ Public policy work (e.g. policy and legal research, policy development, legislative advocacy)

_____ Assisting with trainings (e.g. designing curriculum, handling logistics, conducting training)

_____ Newsletter work (e.g. writing articles, newsletter layout, photography)

_____ Fundraising / special event planning

_____ Grant writing / grant research / resource development

_____ Development of educational / promotional brochures

_____ Public speaking

_____ Program evaluation / program development

_____ Technology (e.g. website development, database design and maintenance)

_____ Providing technical assistance to member programs

_____ Assisting with lending library

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous internship and/or volunteer experience.

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References

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	
Relationship		Years Known	

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	
Relationship		Years Known	

Attachments

Please submit the following materials as part of your application package.

Resume: Attach a resume in which you list relevant coursework, work experience, and other experience that relate to the project for which you are applying.

Personal Statement: On a separate sheet of paper, please write a short proposal stating why you would like to volunteer at GCADV, and any specific project for which you are applying. Please state how this will relate to your academic and/ or career goals. If you are applying for more than one project, please prepare a statement for each project. Please keep the statements to one page.

Person to Notify in Case of Emergency (To be completed upon hire)

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I affirm to maintain and respect confidential matters within GCADV.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in working with us.

Please mail your completed application, along with your resume, personal statement, letter of recommendation and a copy of any learning objectives and goals required by your academic program of study, to GCADV, Attn: Internship Program Coordinator.

Revised June 2011